



District of Columbia
Interagency Council on Homelessness



ERSO Committee
September 23, 2020

Meeting Agenda



- I. Welcome & Call to Order
- II. Updates:
 - I. Census
 - II. Quiet Hours
 - III. PEP-V Operations
- III. Discussion Items:
 - I. Winter Plan
 - II. Streamlining Singles Intake
- IV. Updates & Announcements
- v. Adjournment

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Census Update



- ❖ **August 11:** Door-to-door Census work began.
 - Clients, who have not taken the US Census yet, may have a Census employee come to their door to ask to take the Census. Clients may avoid having someone come to their door by taking the Census online or over the phone.
- ❖ **September 22-24:** The Census will conduct their enumeration of individuals experiencing homelessness.
 - The Census Bureau is working with The Community Partnership for the Prevention of Homelessness (TCP) to obtain HMIS data to support their count of clients in shelter.
 - The Bureau has a list of other supportive housing programs in the District that will be surveyed directly (e.g., Community Residential Facilities, reentry housing).
 - The Bureau will be conducting their count of unsheltered individuals the night of Wednesday, 9/23 (starting around 9 PM and continuing through night).
 - District outreach workers are teaming with the Census Bureau workers to facilitate the count.
- ❖ **September 30:** This is the last day to take the US Census. The administration has moved up the end of the response period from October 31 to September 30.

Quiet Hours



Date	Meeting	Activity
8/26	ERSO Meeting	Introduced proposed policy
10/10	Shelter Conditions Working Group	Gave additional background, got input, talked through other initiatives we are working on to improve security
TBD	Tentative Consumer Town Hall	Introduce proposed policy with a larger group of shelter residents & introduce comments boxes for providing additional feedback
10/5 – 10/16	In Low Barrier Shelters	Collect feedback from shelter residents
Ongoing		Get feedback from ICH, TCP, Shelter Managers, and other stakeholders on the proposed policy & implementation
10/19		Make final decision & revise policy based on input.

PEPV Capacity and Hypothermia



While not part of the continuum of care, PEPV beds are included in the Winter Plan given the close relationship to overall system capacity.

- ❖ Total hypothermia capacity includes **617** PEPV beds out of the total 1,064 beds needed for Winter 2020-2021 season
- ❖ In order to safeguard the maximum number of people at increased risk of complications from COVID, DHS planning to maximize use of PEPV rooms, including double occupancy
 - PEPV3 projected to open in mid-October
 - 390 additional PEPV beds will be added through mid-December
 - Single occupancy rooms will be maintained at each site for individuals that need single room accommodation
 - Additional staffing/security to be added to all PEPV sites

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Winter Plan: Major Changes from Last Month



Capacity Charts (p.14 & p.16)

- ❖ Eliminated normal year-round bed counts to avoid confusion (ie, charts now “COVID capacity” only)
- ❖ Third PEP-V site and recreation centers will provide additional capacity.
 - PEP-V is assumed to be 70/30 split between men and women.
 - Third site will be launched as double occupancy, and DHS will transition other sites to double occupancy later in the fall.
- ❖ Year-round and seasonal beds will operate 24-7
- ❖ Eliminated hypothermia alert night beds
- ❖ Split Seasonal Beds into two phase
- ❖ Question: Should Phase II Seasonal Bed locations be listed in the plan?

Winter Plan: Additional Changes



- ❖ Section II (Process for Calling Alerts) language has been edited
 - Will continue process of calling alerts for continuity & data collection purposes, but alerts will not have as much significance this year.
- ❖ Minor edits to improve clarity based on comments received

Winter Plan: Discussion



- ❖ Comments, questions, concerns?
- ❖ Next Step: If approved by ERSO, will submit to Executive Committee in October for approval.

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Streamlining Intake



- ❖ Objective
- ❖ Context
 - What is the problem?
 - Why address this issue now?
- ❖ Approach and Timeline

Objective



- ❖ Present transformation initiative to ERSO & obtain feedback on:
 - What is currently working that we must maintain?
 - What is not working that we need to transform as soon as possible?
 - How should we define success?
 - Any other notes/thoughts for us to consider?

- ❖ Alert the ERSO Committee:
 - Executive Committee reviewed and approved the initiative; recommended ERSO Committee



What is the problem with Intake?

“No Wrong Door” has benefits, but also has challenges:

- Clients (both new and longer stayers)
 - ✓ Expectations for new users
 - ✓ Appetite for clarity

- Direct staff and providers
 - ✓ Real-time data
 - ✓ Utilization of resource

- System-level operations
 - ✓ Assessment and resource targeting
 - ✓ Understanding inflow



Why address this issue now?

- ❖ Significant inflow
(current and for the foreseeable future)
- ❖ Availability of funding
(Project Reconnect \$s available to support initiative and continue to grow diversion program for individuals)
- ❖ Availability of Technical Assistance (TA)
(TA currently underway for Project Reconnect program design, RRH operations and CAHP prioritization)

Approach and Timeline



Target for implementation: end of eviction moratoriums

Timeframe	Steps	Notes
Early Sept	1. Initial engagement	Establishing scopes of work for TA and identifying appropriate ICH forum for engaging systemwide partners
Month of Sept	2. Identifying range of options for improvements and transformation	<p>Surveying</p> <ul style="list-style-type: none"> • National landscape and identify best practices, models, tools (including protocols) • Key staff and partners and establish the range of options
Month of Oct	3. Evaluating options against the reality of our system	<p>Review of identified recommendations and options by:</p> <ul style="list-style-type: none"> • Key implementing agency staff and cabinet leaders and • Community stakeholders (i.e. ICH committees/workgroups)
Month of Nov & Dec	4. Operationalizing transformations	Drafting, reviewing, and maybe even piloting protocols, procedures, and tools
January	5. Implementation	Implementing the appropriate options for streamlining intake

Approach and Timeline continued



Cross-cutting activity relevant to all the steps outlined above

Timeframe	Steps	Notes
Ongoing	Data Analysis	Continued analysis to understand inflow into as well as movement within the system, assessment, and program placement/resource assignment. Comparison of key data points pre and post COVID-19 to ensure our intake transformation work reflects the impact of the health & economic crisis.
Ongoing	Alignment of TA efforts	Coordination to ensure TA related to the key components of the Singles system take this initiative into account and vice-versa.

Discussion Questions



- ❖ What is currently working (that we must maintain)?
- ❖ What is not working (that we need to transform as soon as possible)?
- ❖ How should we define success?
- ❖ Any other notes/feedback?

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